

THE KANSAS BOARD OF VETERINARY EXAMINERS  
P.O. BOX 242  
1003 LINCOLN STREET  
WAMEGO, KANSAS 66547-0242  
Phone: 785.456.8781

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**Public Use Data Request Form**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

We have a listing of KS licensed veterinarians. This list totals **50 hard copy pages** and reflects the veterinarian's name, work address, and work phone number.  
*\*Any blank fields indicate no information has been provided by the licensee.*

**We do not transmit licensee information electronically, as it may be intercepted by unintended parties.**

**[options]**

- **HARD COPY = \$20** [approximately 50 pages]
- **CD = \$27**

Please return a check, payable to the Kansas Board of Veterinary Examiners, PO Box 242, Wamego, Kansas 66547. **Once we receive your payment, the information will be mailed to the address you have provided.**

**I do not intend to and will not use any list of names or addresses derived from the Board's records to sell or offer to sell any property or services to any person listed or to any person who resides at the address listed. Moreover, I do not intend to sell, give or otherwise make available to any person any list of names or addresses contained in or derived from Board records for the purpose of allowing such person to sell or offer to sell any property or service to any person listed or to any person who resides at any address listed. I understand that if I do so, I shall be liable for payment of a civil penalty not to exceed \$500 for each violation in an action brought by the Kansas Attorney General or a county/district attorney pursuant to K.S.A. 45-230**

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Signature	Title	Date
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